| Name: | | |
|-----------------|------|--|
| Prisoner No.: _ | | |
| Address: | | |
| | | |

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF WYOMING

| |) |
|--|---|
| Full name of plaintiff (Do not use 'et al'.) |)) |
| Plaintiff, |)) |
| VS. |) Case Number: (To be supplied by the Clerk) |
| Full name of defendant (Do not use 'et al'.) |)) |
| Full name of defendant, if more than one | ,)) |
| Full name of defendant, if more than one | ,)) |
| Full name of defendant, if more than one | ,)) |
| Defendant(s). | ,) |

PRISONER CIVIL RIGHTS COMPLAINT

Pursuant to 42 U.S.C. 1983

Revised 3/97 1 of 9

PART A: JURISDICTION

| I | , am a citizen of |
|--|--|
| (Plaintiff's name) | (State) |
| | (Address of place of confinement) |
| Defendant(Name | of first defendant |
| is a citizen of | e of first defendant) |
| is a citizen of(City, S | State) |
| and is employed as | (Position and title, if any) |
| | (Position and title, if any) |
| At the time the claim(s) all under color of state law? | leged in this complaint arose, was this defendant acti Yes No |
| If your answer is "Yes", br | |
| | |
| Defendant | |
| (Name of seco | nd defendant, if any) |
| is a citizen of(City S | State) |
| and is employed as | (Position and title, if any) |
| - | (Position and title if any) |

| | At the time the claim(s) alleged in this complaint arose, was this defendant actunder color of state law? Yes No If your answer is "Yes", briefly explain: |
|----|--|
| 4) | Defendant(Name of third defendant, if any) is a citizen of(City, State) and is employed as (Position and title, if any) |
| | (comon and mo, ii any) |
| | At the time the claim(s) alleged in this complaint arose, was this defendant acting under color of state law? Yes No If your answer is "Yes", briefly explain: |

| | At the time the claim(s) alleged in this complaint arose, was this defendant acting under color of state law? Yes No If your answer is "Yes", briefly explain: | |
|---------|--|--|
| | (Use the back of this page to furnish the same information for any additional defendants.) | |
| | PART B: NATURE OF THE CASE | |
| Briefly | state the background of your case: | |
| | | |
| | | |
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PART C: CAUSE OF ACTION

I allege that the following of my constitutional rights, privileges or immunities have been violated and that the following facts form the basis for my allegations:

(If necessary you may attach up to two additional pages on 8½x11" paper to explain any allegation or to list additional supporting facts.)

| im I: | |
|-------|--|
| | |
| | |
| | |
| | |
| | |
| Supi | porting facts: |
| • | (Include all facts you consider important, including names of persons Involved |
| | places and dates. Describe exactly how each defendant is involved. State the |
| | facts clearly in your own words without citing legal authority or argument.) |
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| n 2: | |
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| | Supporting facts: |
|---------|---|
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| Claim (| 2. |
| Ciaim . | 3: |
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| | Supporting facts: |
| | |
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| | |
| | PART D: ADMINISTRATIVE RELIEF |
| Have ye | ou previously filed a grievance regarding the acts complained of in |
| | Yes No |
| A) | If your answer is "Yes", was the grievance Formal Both |

1)

| C) | If your answer is "Yes", did you the appeal the result? Yes No |
|----|---|
| D) | If you appealed the grievance result, briefly describe the disposition of appeal: |
| E) | If you did not file a grievance, briefly explain why administrative relief v not sought: |
| | |
| | |

If your answer is "Yes", describe each lawsuit. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same format.)

| rties to previous lawsuit: |
|---|
| aintiff(s): |
| fendant(s): |
| me of court: |
| cket number of case(s): |
| sposition of case: |
| 1. Is it still pending? Yes No |
| 2. Was it dismissed? Yes No If "Yes", give date of dismissal |
| 3. Was it appealed? Yes No If "Yes", is appeal pending? Yes No If appeal is not pending, mark whether it was: Affirmed Denied Remanded and give date of termination |
| ues raised: |
| 1 |

PART F: REQUEST FOR RELIEF

| I believe that I am entitled to the fo | lowing relief: |
|--|---|
| | |
| | |
| | |
| | |
| Signature of attorney (if any) | Signature of Plaintiff |
| | |
| Attorney's full address and phone number | |
| DECLARATION | UNDER PENALTY OF PERJURY |
| States of America that he/she is th | nder penalty of perjury under the laws of the United e plaintiff in the above action, that he/she has read formation contained is true and correct. (28 USC |
| | , 19 |
| (Location) | (Date) |
| | Signature |